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APPENDIX J

-NMPS MOBILIZATION PROCESSING FOR SELECTED RESERVISTS-

NOTE: ALL ITEMS MUST BE FILLED OUT PRIOR TO RESERVIST DEPARTING THE NMPS.

NAME: _____ RANK/RATE: _____

SSN/DESIGNATOR: _____ SEX: M _____ F _____

UNIT ASSIGNED: _____ UIC: _____

ULTIMATE DUTY STATION: _____ UIC: _____

A. INITIAL NMPS REQUIREMENTS:

1. RESERVIST HAS A DELAY OR EXEMPTION REQUEST? IF YES, WHAT ARE THE REASONS? _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. RESERVIST REQUIRES, A SPECIAL CASES BOARD BE CONDUCTED? IF YES, EXPLAIN FINAL DETERMINATION: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. IF REQUIRED, CRC (JPOM) CHECKLIST PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B. PSD REQUIREMENTS:

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. GREEN ID CARD ISSUED?	<input type="checkbox"/>		<input type="checkbox"/>	
2. IF REQUIRED, A VALID GENEVA CONVENTION CARD ISSUED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. IF REQUIRED, DOG TAGS (TWO, W/CHAIN) ISSUED?	<input type="checkbox"/>		<input type="checkbox"/>	
4. ENTERED INTO MAPMIS AS A GAIN?	<input type="checkbox"/>		<input type="checkbox"/>	
5. MMPA ESTABLISHED AND AUDITED?	<input type="checkbox"/>		<input type="checkbox"/>	
6. IF RESERVIST HAS MILITARY OR PRIOR MILITARY SPOUSE HAS DEPENDENT CARE CERTIFICATION CERTIFICATE (OPNAV 1070/1) BEEN PREPARED AND VERIFIED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. NAVPERS 1070/602 (PAGE 2) UPDATED AND VERIFIED?	<input type="checkbox"/>		<input type="checkbox"/>	
8. DEERS ENROLLMENT INFORMATION VERIFIED AND ENTERED IN RAPIDS?	<input type="checkbox"/>		<input type="checkbox"/>	
9. DEPENDENT ID CARD APPLICATIONS PREPARED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. BAQ ENTITLEMENT REVIEWED AND PROPER EVENT REPORTED?	<input type="checkbox"/>		<input type="checkbox"/>	
11. VHA ENTITLEMENT REVIEWED AND INITIATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. RESERVIST ADVISED OF MONTGOMERY GI BILL BENEFITS?	<input type="checkbox"/>		<input type="checkbox"/>	
13. TRICARE ELECTION CERTIFICATE VERIFIED, COMPLETE AND IN RESERVIST'S SERVICE RECORD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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14. SGLI VERIFIED OR INITIATED? (INFORM MEMBER THAT AMOUNT OF SGLI COVERAGE CURRENTLY IN FORCE WILL CARRY OVER TO ACTIVE DUTY UNLESS THE MEMBER INITIATES A CHANGE. SUBMIT AN INITIAL ELECTION OR CHANGE IF APPROPRIATE.)	<input type="checkbox"/>		<input type="checkbox"/>	
15. DOES RESERVIST HAVE NECESSARY SECURITY CLEARANCE AND CORRECT OPNAV 5520/20 IN SERVICE RECORD?	<input type="checkbox"/>		<input type="checkbox"/>	
16. COMPLETE HISTORY OF ASSIGNMENT (NAVPERS 1070/605) OR ENLISTED PERFORMANCE RECORD (NAVPERS 1070/609) ENTERED?	<input type="checkbox"/>		<input type="checkbox"/>	
17. DD-2058 (STATE OF LEGAL RESIDENCE) VERIFIED OR PREPARED?	<input type="checkbox"/>		<input type="checkbox"/>	
18. STATE/FEDERAL TAX WITHHOLDING FORMS VERIFIED/PREPARED? (W-4)	<input type="checkbox"/>		<input type="checkbox"/>	
19. ALLOTMENT REQUESTS COMPLETED/PROCESSED? (NAVCOMPT 2273)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. IF REQUIRED, TRAVEL OR COUNTRY CLEARANCE PREPARED IN ACCORDANCE WITH OPNAVINST 4650.11E?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. PAGE 13 (NAVPERS 1070/613) ENTRY AFFIDAVIT OF NON-RECEIPT OF PENSION OR DISABILITY COMPENSATION COMPLETED AND SIGNED IF NOT COMPLETED BY THE NRC/NRA?	<input type="checkbox"/>		<input type="checkbox"/>	

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22. FOR OFFICERS ONLY: REPORT OF HOME OF RECORD AND PLACE IN WHICH ORDERED TO A TOUR OF ACTIVE DUTY (NAVPERS 1070/74) COMPLETED IF NOT COMPLETED BY THE NRC/NRA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. ENTILTMET TO PER-DIEM VERIFIED IN ORDERS?	<input type="checkbox"/>		<input type="checkbox"/>	
24. SERVICE RECORD SCREENED FOR SANCTUARY? IF RESERVIST WILL BECOME ELIGIBLE FOR SANCTUARY WHILE ON ORDERS CONTACT BUPERS (PERS-91).	<input type="checkbox"/>		<input type="checkbox"/>	
25. FOR ENLISTED ONLY: REENLISTMENT PROCESS INITIATED AS NECESSARY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. ENROLLED IN DDS?	<input type="checkbox"/>		<input type="checkbox"/>	
27. SPECIAL PAY AND ALLOWANCES PROPERLY INITIATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. ENTILTMET TO SPECIAL CLOTHING ALLOWANCE INITIATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. FAMILY SEPARATION ALLOWANCE INITIATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. IF REQUESTED, ADVANCED TRAVEL PAY INITIATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. BENEFITS AND ENTILTMENTS REVIEWED W/RESERVIST (PER POLICY GUIDANCE)?	<input type="checkbox"/>		<input type="checkbox"/>	

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	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
32. SERVICE RECORD WITH RESERVIST?	<input type="checkbox"/>		<input type="checkbox"/>	
33. ORDERS PROPERLY ENDORSED?	<input type="checkbox"/>		<input type="checkbox"/>	
34. TICKETS WITH GTR TRANSPORTATION ARRANGED FOR FORWARD DEPLOYMENT WITH RESERVIST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. IF REQUIRED, DOES RESERVIST NEED TO APPLY FOR A PASSPORT/VISA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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C. MEDICAL REQUIREMENTS

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. PHYSICAL EXAM CURRENT AND SF 88/SF 93 REVIEWED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. INOCULATIONS AND IMMUNIZATIONS CURRENT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. REQUIRED INOCULATIONS AND IMMUNIZATIONS FOR DEPLOYMENT AREA COMPLETED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. IF REQUIRED, TWO MEDICAL WARNING TAGS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. PREVENTIVE MEDICINE BRIEF PROVIDED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. HIV TEST RECORDED AND WITHIN 6 MONTHS OF DEPLOYMENT? IF RESULTS ARE POSITIVE, CONTACT CNO/N1 FOR EXEMPTION.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
8. IF REQUIRED, DNA SAMPLE COLLECTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. ANY MEDICAL CONDITIONS WHICH COULD AFFECT MOBILIZATION (PREGNANCY, DISEASE, HANDICAP, INJURY, PSYCHIATRIC COUNSELING, ETC)? EXPLAIN CONDITION:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. IF RESERVIST STATED YES TO ITEM #9 ABOVE, IS DOCUMENTATION FOR THIS MEDICAL CONDITION IN HIS/HER MEDICAL RECORD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. NECESSARY EYEGLASSES AND OR HEARING AIDS WITH RESERVIST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. GAS MASK INSERTS REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. RESERVIST'S CIVILIAN PRESCRIBED MEDICATIONS REVIEWED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. PERSONAL PRESCRIPTIONS (180 DAY SUPPLY)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. RESERVIST A PARTICIPANT OF THE EXCEPTIONAL FAMILY MEMBER PROGRAM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. MEDICAL RECORD WITH RESERVIST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. EVALUATED AND DETERMINED FIT FOR FULL ACTIVE DUTY NAVY STANDARDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SIGNATURE OF CERTIFYING MEDICAL OFFICIAL: _____

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D. DENTAL REQUIREMENTS:

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. CLASS 1 OR 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. CURRENT PANORAL AND BITEWING X-RAYS IN RECORD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. ANY DENTAL CONDITION WHICH MAY DELAY MOBILIZATION? IF YES, EXPLAIN: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. DENTAL RECORD WITH RESERVIST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. COMPLETE DENTAL RECORD ON FILE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SIGNATURE OF CERTIFYING DENTAL OFFICIAL: _____

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E. LEGAL REQUIREMENTS

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. COUNSELED ON SOLDIER'S AND SAILOR'S CIVIL RELIEF ACT (SSCRA) (INCLUDING REVIEW OF ANY UNRESOLVED CIVILIAN LITIGATION MATTERS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. COUNSELED ON FAMILY LEGAL NEEDS (ENSURE RESERVIST HAS CURRENT WILL/POA/SGLI)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. BRIEFED ON UNIFORMED SERVICES EMPLOYMENT AND RE-EMPLOYMENT RIGHTS ACCT (USERRA) PROVISIONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. BRIEFED ON GENEVA CONVENTION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. ANY OUSTANDING LEGAL NEEDS? IF YES, EXPLAIN: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. DOES RESERVIST HAVE ANY PENDING CIVIL OR CRIMINAL ISSUES/CHARGES? (THIS WOULD INCLUDE DIVORCE OR CHILD CUSTODY ISSUES.) IF YES, SONSULT CNO/N1/BUPERS TO DETERMINE POSSIBLE DELAY OR EXEMPTION STATUS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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F. FAMILY SERVICE CENTER (FSC) REQUIREMENTS:

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. DOES RESERVIST HAVE ANY FAMILY MEMBER(S) WITH SPECIAL NEEDS, MEDICAL, ETC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. RESERVIST BRIEFED ON AVAILABLE SERVICES AND PROVIDED HANDOUTS TO PASS ON TO FAMILY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. RESERVIST PROVIDED POINTS OF CONTACT OF THE NEAREST FSC/OMBUDSMAN FOR THEIR DEPENDENT(S)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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G. SUPPLY REQUIREMENTS

	YES	N/A	NO, HOLD AND REASON	CORRECTED DATE
1. RESERVIST HAS COMPLETE SEABAG?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. ORGANIZATIONAL CLOTHING ISSUED (FOR RESERVISTS NOT PROCESSING THROUGH CRC/JPOM)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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H. NMPS FINAL CERTIFICATION

	YES	NO	N/A
1. RESERVIST DOES NOT MEET MOBILIZATION REQUIREMENTS AND WILL RECEIVE A SPECIAL CASES BOARD. (DELAY AND EXEMPTION DETERMINATION). EXPLAIN: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. BOARD OF DETERMINATION: _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
3. NMPS HAS COMPLETED ALL MOBILIZATION REQUIREMENTS AND RESERVIST IS READY TO PROCEED TO FOLLOW-ON COMMAND? IF NO, REASON: _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
4. RESERVIST INCLUDED IN A PERSONNEL TRANSFER REPORT IDENTIFYING RESERVISTS COMPLETING MOBILIZATION AND THEIR EXPECTED REPORT DATE TO THE FOLLOW-ON AND/OR GAINING COMMAND?	<input type="checkbox"/>	<input type="checkbox"/>	
5. RESERVIST INCLUDED IN THE MOBILIZATION AND/OR ADSW STATUS REPORT TO CNO (N1)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. ORDERS AND SERVICE, MEDICAL AND DENTAL RECORDS WITH RESERVIST?	<input type="checkbox"/>	<input type="checkbox"/>	
7. RESERVIST BRIEFED ON FOLLOW-ON COMMAND TRAVEL PLANS AND ETA?	<input type="checkbox"/>	<input type="checkbox"/>	
8. RESERVIST PROVIDED WITH FOLLOW -ON COMMAND CONTACT PHONE NUMBER FOR ENROUTE DELAYS: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9. RESERVIST PROVIDED A COPY OF HIS/HER COMPLETED MOBILIZATION CHECKLIST TO RETAIN? IF CRC (JPOM) IS REQUIRED, PROVIDE RESERVIST A COPY OF THE MOBILIZATION CHECKLIST TO PROVIDE TO THE CRC (JPOM) ACTIVITY. THE NMPS RETAINS THE COMPLETED ORIGINAL MOBILIZATION CHECKLIST FOR THE RESERVIST'S PERSONAL RECALL FILE?	<input type="checkbox"/>	<input type="checkbox"/>	
10. IF CRC (JPOM) IS REQUIRED, DOES THE RESERVIST HAVE THE COMPLETED ORIGINAL CRC (JPOM) CHECKLIST TO PROVIDE TO THE CRC (JPOM) ACTIVITY AND A COPY FOR HIMSELF/HERSELF? A COPY OF THE CRC (JPOM) CHECKLIST IS RETAINED AT THE NMPS IN THE RESERVIST'S PERSONAL RECALL FILE.	<input type="checkbox"/>	<input type="checkbox"/>	

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